Preparing Future Aging Advocates
The Oklahoma Aging Advocacy Leadership Academy

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Purpose: This article describes the organization, operation, and evaluation of the Oklahoma Aging Advocacy Leadership Academy (OAALA). Design and Methods: The Academy was designed to assure the continuation of future cohorts of advocates and volunteers for aging programs and services. It is a statewide training program consisting of 10 weekend sessions. The curriculum incorporates age-related content and advocacy/leadership/voluntary skills training. Evaluation consisted of: (a) a pre–post assessment of perceived familiarity with advocacy and volunteer leadership issues; (b) post-Academy participant assessments of the quality of various aspects of the Academy; (c) post-Academy written statements about areas that were valuable and in need of change; and (d) a compilation of student volunteer and advocacy activities. Results: Evaluation results indicate that the OAALA led to significant increases in perceived familiarity with issues and very positive participant assessments of quality. In addition, many participants spontaneously initiated advocacy and volunteer activities while enrolled in the Academy. Implications: Our experience with the Academy suggests that it is a feasible means of preparing individuals to become successful old-age advocates and volunteer leaders.

Key Words: Volunteer training, Advocates, Instruction

The Oklahoma Aging Advocacy Leadership Academy (OAALA) is an effort to identify and train volunteers from all adult age groups to serve as advocates for aging in the locations and programs of their choosing. This article describes the implementation and evaluation of the OAALA.

From the earliest days of old-age policy, programs and policies for elders have depended on active and vocal advocates (Koff & Park, 1993). By their very nature, grassroots aging advocacy efforts have drawn heavily upon motivated individuals who learn by doing; that is, they have tended to accumulate their technical expertise and policy savvy while they seek to bring about policy and program change (Brown, 1985). Oklahoma, no exception to this experience, has a successful cadre of aging advocates who developed their advocacy skills primarily through many years of “working in the trenches.” Due to their aging in place, the active involvement of members of the first cohort of Oklahoma aging advocates is limited by chronic illness and impairment, and their ranks have been diminished by death and institutionalization. Although the remaining individuals from the first cohorts continue to form a valuable core within the aging advocacy and volunteer groups in Oklahoma, many individuals in the aging network have become concerned about how to actively promote future cohorts of aging advocates.

There are a number of reasons why a renewable core of well-trained aging advocates and volunteers continues to be a necessary component of age-related programs and services. First, the many political processes and the checks and balances that define the U.S. constitutional democracy necessitate strong advocacy efforts (Koff & Park, 1993). For better or worse, politics is the major generator of policy change in the United States (Butler, 1994), and advocates who understand political structures and processes are more likely to successfully negotiate this context.

Second, the aging policy agenda has become complex, and the issues have become increasingly technical (Torres-Gil, 1988). Aging is now a central theme in policy debates about taxation and expenditures, and it is likely to continue to be so in the future (Torres-Gil & Puccinelli, 1994). The organizations, agencies, and programs claiming a voice in old-age policy debates continue to increase in number and diversity. The aging agenda (Conner, 1992) has, in effect, become everyone’s agenda. Therefore, it is important for advocates to have command of the...
diverse and complex issues that currently define age-related policy.

Third, myths and misinformation about age-related policy abound in the press (Cohen, 1994; Ekerdt, 1998). Our policy makers are, at times, uninformed or misinformed about the older population and the impacts of aging programs (Torres-Gil & Puccinelli, 1994), and some may harbor incorrect positive or negative stereotypes about older people and the aging process (Lubomudrov, 1987). Individuals are needed who can carefully analyze and provide intelligent responses to campaigns that are designed to either create intergenerational conflict or foster negative public opinion about public programs for older people.

Fourth, due partly to demographic shifts (Bengtson, 1993), efforts of political groups to make the image of old age and aging programs more negative (Powell, Branco, & Williamson, 1996), increasing generational claims on government resources (Quadragno, 1989; Torres-Gil, 1992), and differing values and political goals of more and less affluent elders (Wallace, Williamson, Lung, & Powell, 1991), aging programs and policies are less universally accepted than they were during earlier periods when elders tended to be widely viewed as needy. The future of aging politics is in considerable flux, and there is a significant press toward more limited resources for the elderly population. The current and future quality of life of older people is being directly threatened (Binstock, 1994, 1995; Hudson, 1996). These shifts in the policy landscape have arguably reduced the likelihood that individuals will volunteer as advocates for age-related policies and programs at the very point when effective advocates are needed to counter the unsupportive political environment toward aging policy.

Sixth, strong and creative advocacy can generate policy and program innovation. At both the state and federal level, it is possible to track the beneficial impact of advocacy efforts on old-age policy (Koff & Park, 1993; Lammers & Pynoos, 1988). For example, in Oklahoma, advocacy efforts led to assisted living regulations that were far more beneficial than the original legislation, which was heavily backed by the state’s nursing home industry.

Seventh, volunteer leaders are important and necessary components of the overall support network for those elders who require assistance. The literature on volunteering suggests that many middle-aged and older individuals volunteer their time to causes, including old-age issues (Fischer, Mueller, & Cooper, 1991). The rate of volunteering may have actually increased over the last two decades (Chambre, 1993). There tends to be a high receptivity toward volunteering among those aged 55 and older who are near retirement or have recently retired (Caro & Bass, 1997). However, more volunteers for aging programs may be willing to step forward if they feel that the opportunities open to them are both significant and challenging (Morris & Caro, 1995).

To summarize, we are experiencing attrition in the initial cohort of aging advocates at the same time as the political climate has made advocacy for old-age programs less attractive and the need for motivated, well-trained, and effective advocates and volunteers is increasing. These conditions led to the implementation of the OAALA and influenced its structure and content.

**Organization of the OAALA**

**Developmental Activities**

The OAALA was the brainchild of the staff of the Aging Services Division of the Oklahoma Department of Human Services. In late 1997, they began to seriously consider the need for some form of formal program to prepare future cohorts of aging advocates when they were directly confronted with the transitory nature of volunteer and advocacy efforts. A long-term and highly respected senior advocate reported that he would soon begin to limit his involvement in advocacy and told the Aging Services Division staff that it was time for others to accept responsibility. The staff established an advisory committee to explore this issue and to assist in all phases of the planning and development of the Academy. Initially, committee members included representation from the Aging Services Division, the Oklahoma Geriatric Education Center, the Oklahoma Center on Aging, the State Council on Aging, the Oklahoma Alliance on Aging, the Oklahoma Business and Aging Leadership Coalition, the Oklahoma Association of Area Agencies on Aging, and the Oklahoma Developmental Disabilities (DD) Council. Many members of the advisory committee were themselves senior advocates.

Committee membership was expanded as the planning process evolved and the need for other expertise surfaced. For example, when the committee identified the state’s business community as a target for potential program applicants, representatives from two retired senior executive corps groups were recruited because of their success in working with businesses. The Academy advisory committee established several goals for the OAALA, including preparing participants to: (a) undertake leadership and advocacy roles in their communities; (b) accept volunteer positions in local, state, or national organizations; and (c) serve as knowledgeable sources of information about aging in an area that each individual personally selected.

In 1998 the Academy was developed and implemented through a grant from the Oklahoma DD Council. The DD Council had become increasingly concerned about aging persons with developmental disabilities. Furthermore, they had experienced considerable success with their own statewide leadership-training program. Therefore, they were willing to fund an integrated advocacy-training program that incorporated disability topics. The DD Council funded one year of development and two years of project operation. The funding from the DD Council made it possible to reimburse Academy participants.
for travel, including hotel stays, to supply books and other educational materials, and to recruit nationally recognized program leaders.

We have begun the process of seeking continuation funding from Oklahoma businesses. Thus far, commitments of monetary support have been received from Southwestern Bell, Oklahoma Gas and Electric, and a regional senior housing development company. In late 2000, we polled administrators of these corporations to learn about their motives for supporting the OAALA. They gave us the following reasons: (a) the Academy helps enhance the capabilities of employees by teaching them about aging, leadership, policy, and advocacy issues; (b) it provides useful information (e.g., referral agencies and community resources) about how to deal with the special needs of employees who are providing support to older family members; and (c) businesses are becoming more concerned about the older population as an important marketing segment, and information about the older population can support marketing initiatives. Therefore, beyond the obvious altruistic and visibility motives associated with underwriting a statewide leadership training program, the companies view the Academy as a long-term investment in their employees and their businesses. We have also received in-kind support from other state agencies and organizations, as well as some Academy presenters.

In the process of planning the OAALA, we searched widely for existing leadership and advocacy models, particularly those with an emphasis on aging. Among the Oklahoma models we examined were the Partners in Policymaking model, which the Oklahoma DD Council uses for advocacy training; two local community leadership training programs; and the Leadership Oklahoma program, a year-long statewide leadership training activity. Among the programs from other states that we considered was the National Leadership Institute on Aging program, which focused on developing participants’ capacity to design and deliver strategic and innovative aging services. This program is no longer in operation. The New York Institute for Senior Action is designed specifically for elders who are dedicated to social justice. The Senior Leadership Enhancement Initiative, a component of the Duke University Leadership in an Aging Society Program, focuses on small cohorts of citizens who have already established distinguished careers or strong records of involvement in civic involvement. It gives awardees an opportunity to work with Duke faculty and students on a personalized, year-long leadership development program. Although the ultimate model developed for the OAALA was a hybrid, incorporating the most appropriate elements of all of these programs, the general approach that we employed (described below) relied most heavily on the Partners in Policymaking model. Interested parties are invited to contact the first author for a more complete description of the model, the curriculum, publications, speakers, and marketing and application materials.

The Aging Services Division contracted with the University of Oklahoma Geriatric Education Center to develop a draft curriculum with guidelines for core learning activities. In order to assure that the developing curriculum addressed appropriate topics and incorporated acceptable approaches to learning, we involved current senior advocates in a series of three focus groups: One focus group was organized to identify curriculum topics, and two were employed to evaluate the evolving curriculum. Focus group membership included senior leaders from AARP, senior advocates, the Silver Haired Legislature, the Oklahoma Alliance on Aging, and the State Council on Aging. The focus group findings were very useful in finalizing the Academy curriculum.

Educational Model and Curriculum

The educational model that evolved was designed to suit the needs and interests of adult learners, especially those who have been away from an academic setting for many years. The overriding goal of the model is to employ a learner-friendly format that limits didactic sessions. Instead, the weekend sessions emphasize brief presentations, discussion sessions, experiential activities (during and outside of the weekend sessions), small work group activities, student presentations of their projects, exercises in critical thinking, and role playing.

The curriculum includes two basic tracks: specific age-related content and advocacy/voluntary skills training. Elements of these two tracks are blended throughout the 10 weekend sessions. The use of panels, especially those including older persons and caregivers for impaired elders, has been very popular with Academy members. Table 1 summarizes the basic topics covered in the sessions.

Recruitment and Selection of Participants

We have sought statewide participation in the OAALA. Two distinct groups are specifically targeted for recruitment: (a) those who are retired and ready to become active as advocates and (b) baby boomers, who are often just beginning to deal with aging issues and concerns as they are accepting caregiver roles. We do not specifically target the staff of area agencies on aging (AAAs), although AAAs have been actively involved in recruiting qualified applicants within their service areas. The general public is informed about OAALA through news releases. Packets containing a description of the Academy and application forms were developed and distributed. The formal and informal aging, health, and social services networks receive the information/application packets. The Executive Service Corps of Central Oklahoma (TESCO) was asked to develop strategies for attracting applicants from the business community. TESCO designed and implemented a plan for contacting human resources personnel in large companies throughout the state.

The application forms request demographic information and also ask applicants to develop written
white. Occupations, or former occupations for re-
cances participated, although most participants were
55. Four African Americans and two Native Ameri-
most were in the “baby boom” ages of 40 through
the first class ranged in age from 24 to 70, although
approximately equal numbers of men and women.
gion, and type of employment. The initial cohort had
representative with regard to age, sex, geographic re-
though they also seek to make the class broadly rep-
statements and the letters of recommendation, al-
committee gives considerable weight to the narrative
about acceptance into the Academy. The selection
applicants to include letters of recom-
dents an opportunity to apply what they have
learned in real-world settings. For example, they are
asked to develop a personal resource file on an age-
related topic of their choosing. The file is begun early
among several presenters or session leaders, and of-
activity is the sharing of “opportunities and experi-
ences” or homework, which participants complete be-
tween sessions.

The Saturday morning session begins at 8:00 a.m.
with a continental breakfast. Training activities start
at 8:30 a.m., and except for brief breaks and a 45-
minute lunch, continue until 5:00 p.m. The main ses-
son leader is usually scheduled during the morning
3-hour session. The afternoon is typically divided
among several presenters or session leaders, and of-
ten panels of speakers address the topic. The typical
day finishes with a short review and discussion of the
“opportunities and experiences” due at the begin-
ing of the next session.

Homework assignments are designed to give stu-
dents an opportunity to apply what they have learned in real-world settings. For example, they are
asked to develop a personal resource file on an age-
related topic of their choosing. The file is begun early
in the year, and it grows as the participant researches
the topic. The resource file is shared with other par-
ticipants as the Academy progresses. At various
times, participants are also asked to engage in such
activities as: (a) gathering information about their local
AAAs and other age-related resources; (b) re-
searching a topic that they would like to see become
a bill in the future; (c) writing a persuasive letter to
their legislator concerning an issue they believe is im-
portant; (d) preparing a “talking paper” on an issue;
(e) visiting a life-care facility, nursing home, or as-
isted living center and writing down impressions; (f)
interviewing a primary caregiver for an older person;
(g) calling a family meeting with the goal of discuss-
ing end-of-life issues and completing a personal ad-
tired individuals, included a phone company employee,
a nurse, a pastor, an adult day services center admin-
istrator, an aircraft company employee, a university personnel services worker, a housing manager, a
health department employee, and a hotel human re-
ources manager. The second class was similarly di-
verse. Members of the second class ranged in age
from 26 to 72 years old. Seventeen were White, two
were African American, and three were Native Ameri-
can. Four of the state’s five major geographic regions
were represented in the second cohort, and the class
members had a range of current or past occupations
that was similar to the first cohort.

Schedule and Operation

The Academy meets one weekend each month
from September through July, excluding the month of December. All sessions are held in Oklahoma
City, which is located near the center of the state.
Each session runs from 5:00 p.m. to 8:30 p.m. on
Friday evening and 8:00 a.m. to 5:00 p.m. on Satur-
day. Participants arrive on Friday at 5:00 p.m., when
dinner is served. Because some Academy participants
have just finished a week of work and many have
driven several hours to get to class, one of the lighter
topics or a topic involving participant interaction is
scheduled for Friday evenings. Another Friday evening
activity is the sharing of “opportunities and experi-
ences” or homework, which participants complete be-
tween sessions.

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with a continental breakfast. Training activities start
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their legislator concerning an issue they believe is im-
portant; (d) preparing a “talking paper” on an issue;
(e) visiting a life-care facility, nursing home, or as-
isted living center and writing down impressions; (f)
interviewing a primary caregiver for an older person;
(g) calling a family meeting with the goal of discuss-
ing end-of-life issues and completing a personal ad-

Table 1. Summary of Session Topics

| Session 1 - The beginning: Why are we here? |
| Topics: Demography of Aging, Myths of Aging, Ageism, Changing Roles for the Second Fifty Years, Realities of Aging, At-Risk Populations in the Later Years, Impact of Social Issues. |

| Session 2 - Issues in society: The big picture |

| Session 3 - State legislature |

| Session 4 - Organizing for social change |
| Topics: Direct Action Organizing Process, Underestimating the Relations of Power, Choosing Problems and Issues, Using the Strategy Chart, Tactics. |

| Session 5 - Health and wellness of the older person |
| Topics: Medical Aspects of Aging, Medical Treatment of the Elderly, Mental Health and Aging, An Older Person’s Perspective on Death and Dying, Senior Mentoring Program. |

| Session 6 - Long-term care |
| Topics: Preservation of Medicare and Social Security, Oklahoma Perspective on Social Security and Medicare, Alternative Housing Options. |

| Session 7 - Caregiving, decision making, and ethics |
| Topics: Legal Aspects of Caregiving, Elder Rights Panel, Caregivers of Today, Caregiver Panel, Oklahoma Respite Care Network. |

| Session 8 - Diversity and aging in Oklahoma, and winning with the media |
| Topics: Diversity and Aging in Oklahoma, Winning With the Media, Writing a News Release/Fact Sheet, Giving an Interview, Addressing Questions from the Media. |

| Session 9 - Home care services: National/Oklahoma perspective and “getting to yes”: Negotiating agreement without giving in |
| Topics: Home Care Services, Getting to Yes: Negotiating Agreement Without Giving in. |

| Session 10 - Putting it all together and keeping it all together |
| Topics: Different Life Roles, Community Advocacy, Leadership Styles, Oklahoma Centenarians, Resource Files, Graduation. |

descriptions of both their interest in OAALA training and their philosophy of advocacy and volunteerism. Applicants are also asked to include letters of recommendation in their application packets.

A selection committee consisting of representa-
tives from existing aging advocacy organizations re-
views the applications and makes the final decisions about acceptance into the Academy. The selection
committee gives considerable weight to the narrative
statements and the letters of recommendation, al-
though they also seek to make the class broadly re-
presentative with regard to age, sex, geographic re-
region, and type of employment. The initial cohort had
approximately equal numbers of men and women.
The first class ranged in age from 24 to 70, although
most were in the “baby boom” ages of 40 through
55. Four African Americans and two Native Ameri-
cans participated, although most participants were
White. Occupations, or former occupations for re-
vance directive; and (h) writing a news release on a topic of interest.

During each monthly session, Academy participants hear directly from agencies and organizations that rely on volunteers. They hear personal accounts of successes and failures in leadership, volunteering, and advocacy from the people who have been directly involved. The personal testimonies of advocates, volunteers, agency staff, and policy makers seem to have a dramatic impact on participants as they determine what types of advocacy and volunteer activities they want to pursue and what types of expertise they will develop as they begin to address these activities. As one example, in each of the past 2 years, two participants have volunteered to become involved in the nursing home ombudsman program after hearing from the state program director.

The quality of the faculty recruited to provide instructional leadership contributes greatly to the overall success of the Academy. Presenters are drawn from universities, national aging advocacy organizations, state and national government agencies, and the Association for Clinical Pastoral Counseling. Representatives of private business, caregivers, and volunteer advocates also make significant contributions by serving on panels or as faculty members. Presenters have come from Oklahoma, Washington State, Washington, DC, Texas, North Carolina, Florida, Georgia, and Utah.

All participants are provided with a portable file box to organize the hanging file folders that they receive at each session. The file folders contain an agenda, biographies of the session leaders, and handouts covering session topics—some of which are prepared by Academy staff members, and others prepared by the speakers. From time to time, as appropriate, Academy participants also receive published texts pertaining to the Academy curriculum.

Evaluation and Impact

Each new cohort of OAALA participants is asked to complete a questionnaire that addresses their perceived familiarity with 65 issues associated with the Academy curriculum. Level of familiarity with each issue is measured by means of a 7-point item ranging from very familiar (6) to not at all familiar (0). A wide variety of topics is included: (a) general aging (e.g., social aspects of aging, demographics of aging, rural-urban differences); (b) communications and leadership strategies (e.g., oral communication, written communication, planning meetings, holding meetings); (c) policy issues and processes (e.g., how state policy is made, how to get a sponsor for a bill, state legislative calendar); (d) types of aging services and programs (e.g., Medicare eligibility and benefits); (e) Medicaid eligibility and benefits, long-term care policies, nursing home policies; and (f) advocacy skills (e.g., media advocacy strategies, successful negotiation strategies, how to search for advocacy information, how to prepare a talking paper on a topic). Participants complete the questionnaire prior to and upon completion of the Academy. Pre-post intervention self-assessments of knowledge and of familiarity with topics are problematic program evaluation strategies from several perspectives. However, we decided that because these are adult learners who come from many different backgrounds, have a range of educational attainment, and enter the Academy with a wide variety of areas and levels of expertise, we did not wish to confront them with direct tests of knowledge.

For the first cohort, the mean increase in scores across all sixty-five 7-point items was 2.5 on the 7-point scale. We employed the Wilcoxon signed rank statistic to assess the significance of the pre-post change, because this test is appropriate for paired observations and it does not require an assumption of normal distribution. The results were significant (Wilcoxon signed rank statistic, $75.5, n = 17, p = .0001$), suggesting that participants felt much more familiar with the topics, on average, after completion of the Academy. The items with the highest score increases (3.5 points or higher) were: (a) how to provide testimony to a legislative committee, (b) how to get a sponsor for a state legislative bill, and (c) the state legislative calendar. Items with the lowest increases (less than 1.5 points) were: (a) understanding your personal value system and (b) the role of exercise for older people. As might be expected, familiarity scores increased most in the areas the participants felt least familiar with at the outset, and they increased least in the areas in which the participants saw themselves as most familiar prior to the Academy. Similar results were obtained for the second cohort.

At the conclusion of the Academy, participants are asked to provide their impressions about the quality of 18 aspects of the Academy. A sample of the elements that are covered include quality of presentations, appropriateness of topics covered, appropriateness of exercises, quality of required readings material, overall quality of the Academy, how well the Academy participants are prepared to be successful aging advocates, and match between what was expected of the Academy and what was actually received. The perceived quality items are also evaluated on a 7-point scale from 0 (very poor quality) to 6 (excellent). For both the first and second cohorts, the mean score across the 18 items was 5.6, indicating a very high overall assessment of quality on the part of the participants. Mean first/second cohort scores for selected items that reflected general assessments of the program were: quality of information provided (5.7/5.7), overall quality of the Academy (6.0/5.8), and overall satisfaction with the Academy (5.9/5.8), respectively.

In the post-Academy assessments, participants are encouraged to jot down the three best aspects of the Academy and the three aspects of the Academy that should be improved. The most frequently mentioned positive elements across the first two cohorts were the opportunity to network with other participants and speakers (23 mentions), quality and variety of information provided (21 mentions), and quality and diversity of speakers (16 mentions). Five participants
indicated that hotel accommodations should be improved.

Perhaps the best measure of any positive impact of the Academy, as well as the motivation of the participants, is the projects and activities of the first Academy class. Table 2 presents a sample of the accomplishments of the participants. Several issues regarding the activities in the table should be noted. First, many Academy participants are currently successfully engaged in more than one voluntary or advocacy activity. Second, because the Academy participants were recruited from throughout Oklahoma, their activities are benefiting communities in all regions, including rural and urban settings. Third, some of the items in Table 2 are not typically associated with traditional aging target groups, and they include both political actions and volunteer service activities. The participants are neither required nor expected to work solely on aging issues. Fourth, many of these activities were spontaneously initiated during the 11-month term of the Academy. They were not, in most cases, the result of any specific Academy requirement.

**Discussion**

State and local components of the aging network may consider many different approaches for ensuring the continuance of skilled and motivated volunteers and advocates for older people. Our initial experience with the OAALA suggests that the Academy model is one strategy to seriously consider in this regard. Although the long-term impact of the Academy cannot be measured at this point, we have found it to be an effective means of identifying and preparing supporters of age-related programs and policies.

The implementation of the Academy has fostered several positive developments, some of which were not planned by the Academy staff. First, it has led to the self-identification of people who are interested in aging advocacy and volunteer activities but who, in most cases, neither had significant prior involvement nor had made a strong personal commitment to these activities. Second, the Academy provides participants with relevant skills and a knowledge base that should give them the foundation to be successful volunteer leaders and advocates. Third, the Academy reinforces the notion that volunteering and advocacy for elders are crucial and challenging activities, which should, as Morris and Caro (1995) have noted, enhance their motivation to initiate and continue such activities. The very action of establishing a special statewide Academy for aging advocacy and leadership in itself lends both visibility and distinction to these activities. Fourth, the Academy assembles a group of diverse but like-minded people who learned from one another and generated enthusiasm among themselves. Fifth, the spontaneous actions of some members of each class to organize successful volunteer activities and advocacy efforts as the Academy progresses generate considerable motivation among other class members to “get out there and get involved.”

Sixth, at the request of members of the first class, an alumni organization has been established. One spin-off of the alumni association has been the development of a series of informational programs specifically designed for Academy graduates. The graduate program provides in-depth workshops on topics that are relevant to aging-related volunteering and advocacy. It extends and reinforces knowledge developed during the Academy. The alumni organization also provides graduates with a means of continuing their attachment to the Academy and to their classmates, gives them ongoing opportunities to learn from one another by sharing their successes and failures, and maintains enthusiasm for volunteering and advocacy. We believe that this element of the Academy, which grew out of the interests of the participants themselves, will help to assure continued involvement of Academy graduates in aging-related advocacy and volunteer leadership activities well into the future.

The OAALA has also had a beneficial impact on the aging network in Oklahoma. Seeing the value of the speakers who are scheduled for the Academy, those who are currently working or volunteering in the network have asked to have an opportunity to avail themselves of the speakers. As a result, the Aging Services Division staff has established a special workshop series for current network participants. The workshops are scheduled on the Friday afternoons prior to the monthly OAALA meeting in order to make efficient use of the Academy speakers. Therefore, we can count improved continuing education opportunities for the aging network as another positive result of the Academy.

**Table 2. Examples of Volunteer and Advocacy of the First Oklahoma Aging Advocacy Leadership Academy**

- Formed a local voluntary organization to meet the needs of elders requiring assistance with dental and visual services;
- Established a volunteer group that provides twice-monthly respite support for families of autistic children;
- Worked with city leaders and the local YMCA to develop a water aerobics class for local senior citizens, including those in nursing facilities who wish to participate;
- Produced a video program on rural transportation problems experienced by elderly and handicapped individuals that was presented to the state transportation department and other government leaders;
- Helped several older persons and local groups serving older persons to obtain free computers, along with installation and software;
- Convinced a local school superintendent to permit the use of school facilities for computer classes for seniors;
- Organized a group to save a local hospital by increasing the sales tax by one cent; every voter in town was contacted by the group, and the tax passed;
- Initiated an innovative music therapy program for persons with Alzheimer’s disease and their caregivers;
- Organized discussions of death and dying issues in a local church.

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